

State/Territory SOUTH DAKOTA

STANDARDS FOR THE COVERAGE OF ORGAN TRANSPLANT SERVICES

The following standards and criteria must be met before organ transplant services are payable under the Medicaid program in South Dakota:

- a. All individuals desiring a transplant that are eligible for Medicare must apply to the Medicare program for coverage of the proposed transplant.
- b. A decision by Medicare that a transplant would not be covered by the Medicare program due to failure of the individual to meet the Medicare patient selection criteria will be binding upon the Medicaid program.
- c. Only human organs may be used for any transplant.
- d. Cornea transplants.
- e. Kidney transplants.
- f. Bone marrow transplants with prior written authorization by the State Agency.
- g. Heart transplants with prior written authorization by the State Agency and all the following criteria are met:
 1. The patient must have a critical need with less than a 25% likelihood of survival for six months but must otherwise have a good prognosis;
 2. All other medical and surgical therapies that might be expected to yield both short and long term survival must have been tried or considered;
 3. The patient must be free of all strongly adverse factors including, but not limited to, severe pulmonary hypertension; renal or hepatic dysfunction not explained by the underlying heart failure and not deemed reversible; acute severe hemodynamic compromise at the time of transplantation if accompanied by compromise or failure of one or more vital end-organs; symptomatic peripheral or cerebrovascular disease; chronic obstructive pulmonary disease or chronic bronchitis; active systemic infection; recent and unresolved pulmonary infarction, pulmonary rentgenographic evidence of infection, or of abnormalities of unclear etiology; systemic hypertension, either at transplantation or prior to development of end-stage heart disease; any other systemic disease considered likely to limit or preclude survival and rehabilitation after transplantation; cachexia, even in the absence of major end-organ failure; the need for or prior transplantation of a second organ such as lung, liver, kidney, or bone marrow; a history or a behavior pattern or psychiatric illness considered likely to interfere significantly with compliance with a disciplined medical regimen; or the use of a donor heart that may have had its effectiveness compromised by such factors as the use of substantial vasopressors prior to its removal from the donor, its prolonged

or compromised maintenance between the time of it's removal from the donor and it's implementation into the patient, or pre-existing disease;

4. The individual must also be free of other factors less adverse but considered importantly adverse including, but not limited to insulin-requiring diabetes mellitus; asymptomatic severe peripheral or cerebrovascular disease; documented peptic ulcer disease; and current or recent history of diverticulitis.

5. All transplant services must be performed at a transplant center approved under the Medicare program.

6. Plans for long-term adherence to a disciplined medical regimen must be feasible and realistic for the individual patient.

h. Liver transplants with prior written authorization by the State Agency under the Early, Periodic Screening, Diagnosis, and Treatment program for persons under 21 years of age who have biliary atresia and there is no malignancy extending beyond the liver.

i. Medical expenses for transplant donors are covered however these expenses are limited to the donor's hospital, physician, and laboratory charges.

ORGTRNS.STP

TN No. 89-02
Supersedes
TN No. 87-8

Approval Date 12/7/88 Effective Date 10-1-88